



Alcohol & Drug Dependency Services Charitable Giving/Donor Contribution Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation applied toward:

- _____
- _____
- _____
- _____
- _____

Please return your completed donation form and donation to:

Alcohol & Drug Dependency Services
 Attn: Melissa Olson
 1340 Mt. Pleasant St.
 Burlington, IA 52601

Please keep my donation confidential

Your contribution is tax deductible as provided by law. **THANK YOU** for your generous support!

